2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE: &

Apr 07, 2004 08:00 AM Secretary of State DOCUMENT # A98000001869 ELMOR ASSOCIATES, LTD. Principal Place of Business Mailing Address 5500 COLLINS AVENUE, SUITE 302 MIAMI BEACH FL 33140 JOSHUA KAMERMAN 655 THIRD AVENUE, FL 8 NEW YORK NY 10017 2. Principal Place of Business 3. Maikng Address Suite, Apt. #, etc Suite, Apt. # etc CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 11-2303164 Not Applicable Zip Country Zo Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAUSTEIN, DONNA R 20818 WEST DIXIE HWY. Street Address (P.O. Box Number is Not Acceptable) AVENTURA FL 33180 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if apphosible. 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$902,237.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. P98000042451 DOCUMENT # STREET ADDRESS LIGHT PROPERTIES, INC. NAME STREET ADDRESS 5500 COLLINS AVENUE, SUITE 302 CITY-ST-ZIP U00000111606 CITY - ST - ZIP MIAMI BEACH FL 33140 04/13/04-8002**8**-008-528.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY - ST - 73P CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAM STREET ADDRESS CHTY-ST-ZIP CSTY - ST - ZSP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP City-St-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. LIGHT MOPERTIES INC., CENSIAN IANDICA;

FILED

3/29/04